									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									RD 10/742 728						
				10		<i>)</i> ,	130								
CLAIMS AS FILED - PART I (Column 1) (Column								SMALL TYPE	EN		OR	OTHER SMALL			
TOTAL CLAIMS								RATE		FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE	770.00			
TOTAL CHARGEABLE CLAIMS			minus 20=		* 6			X\$ 9=			OR	X\$18=			
	DEPENDENT C		24 minus 3 =		*		Ī	X43=			OR	X86=	86		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=			OR	+290=			
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				ı	TOTA	L		OR	TOTAL	856		
	С		MENDED - PART II					CMAL		NTITY	OR	OTHER SMALL			
$\overline{}$		(Column 1)	1	(Column 2) (Column 3)			Г	SIVIAL			1 1	SWALL	ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=	.		OR	X\$18=			
ME	Independent	*	Minus	***		=		X43=			OR	X86=			
lacksquare	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		 		1		On				
9, 20,23,24							L	+145=	_		OR	+290=			
		,	,				Α	TOTA DDIT. FE			OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colun	nn 2)	(Column 3)									
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=	۱		OR	X\$18=			
AMENDI	Independent	*	Minus	*** .		=		X43=	1		OR	X86=			
	FIRST PRESE	PENDENT	CLAIM	Ц			1								
							L	+145=			OR	+290=			
							Α	TOTA DDIT. FE			OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)										;					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	Γ	X\$ 9=			OR	X\$18=			
	Independent	*	Minus	***		=		X43=	1		<u></u>	X86=			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-		╁		OR				
+145=											OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ADDIT. FEE			
		mber Previously Pa ber Previously Paid								opriate box					